MARYLAND STATE ETHICS COMMISSION

45 Calvert Street, 3rd Floor Annapolis, MD 21401 410-260-7770 / 1-877-669-6085 http://ethics.maryland.gov

INDIVIDUAL LOBBYIST EXPENDITURE DISCLOSURE OF GIFTS \$75 OR MORE -SPECIAL ACTIVITY REPORT RECIPIENT LIST MULTIPLE EMPLOYER, SINGLE EMPLOYER OR PERSONAL EXPENSE (Form 13D)

Period Covered by This Report:	November 1, 20 May 1, 20 throu	_ through April 30, 20 ugh October 31, 20		
Instructions: This report is to be filed official, employee or the immediate faperiod on behalf of one or more emplaced if the only expenditures were frow Lobbying Activity Report Instructions solely used personal funds for gifts to employer's funds to make a series of employer reached the \$75 level. Gifts gifts paid in whole or part by an employen legislators or its public official staff standing committee thereof, or all medelegation, 2) Food or beverages reclegislative organization for which the tickets or free admission to a legislator to which were invited all members of a meals and beverages special reporreport must also include gifts of ticket legislator comprised of two or more ticaddition to any other filing required.	amily (spouse or depend loyers and/or on the lob m one employer and no definitions and general of an official or employed gifts totaling \$75 or most is are to be reported whoyer or the lobbyist couf on special events for a embers of a formally received by a legislator at legislator's presiding off or by the person conduct a legislative unit, 4) Gift and 5) Gifts reported for the properties of the person give	dent children) of the employist's own behalf not us one from the personal function.) Letotaling \$75 or more, or one to a particular official cether or not given in contour toward the \$75 threshold members of the Generognized (for ethics disclothe time and geographic ficer has approved attention or sponsoring the chart reported by name of exported by name of exported than an official contours.	loyee or official during a repoing employer's funds. Use Fords of the lobbyist. (See Generalse Form 13D if the lobbyist hif the lobbyist has used varioor employee even if no individual except for: 1) Those expeal Assembly, either House, sure purposes) county or reglocation of a meeting of a dance at State expense, 3) Gharitable, cultural or political executive elected official reciping speaking engagements. This legislative unit or gifts to a	rting orm eral has us lual s. All nded ional ifts of event ent in s

a.	a. Identification of Regulated Lobbyist (Registrant). Name of Registrant						
b.	b. Permanent Address (include firm name if applicable)						
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PART B. Names of Officials, Employees or Member of Their Immediate Family Receiving Gifts of \$75 or More

List below the name of each official or employee recipient or member of his or her immediate family, who has received gift(s) totaling \$75 or more, and list each individual gift that is part of the \$75 total. Include the name of recipient, date, donor, value and nature for each gift(s). If the amount listed for a gift on this report is only part of the cost of a gift partially paid by others, list the total cost of the gift under "Nature of Gift." Each gift comprising part of a \$75 total gift must be listed separately. If there is insufficient room to list all gifts for a particular recipient or to list the number of recipients, please attach additional pages. If the gift is from person rather than employer funds, correctly identify this fact under "Donor." Personal funds used to purchase gifts for an official or employee who is also the spouse or dependent child of the regulated lobbyist need not be disclosed if the gift is purely personal and private in nature, not related to lobbying activities, from personal funds and not attributable to any other entity or entities.

	Title or Position (if family member of official or employee	1	Itemizable Gifts Amount			
Name of Recipient	name of official or employee and relationship)	 Date	Name of Donor	or Value	Nature of Gift	
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Gift Comment (if any)						
PART C. Signature an	d Oath					
I solemnly swear or a best of my knowledge, ir	ffirm under the penalties of perjury the formation and belief.	hat the contents o	of this report including a	ny attachments thereto are cor	mplete, true and correct to the	
[SEAL]	Signature of Person	n Filing: Date:				
	Sworn to before Signature of Notary	me this	day of	, 20		
	Signature of Notary Printed/typed Name of Notary My Commission E	Public: Expires:				
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